

TOWN OF BUCKEYE

423 Arizona Eastern Avenue

Buckeye, AZ 85326

Phone: 623-349-6127

Fax: 623-349-6850

Backflow Prevention Assembly**Test Report**Mailing Address

Account #:

Last Survey

Last Test:

Test Due:

Service Address

Serial #:

Manufacturer:

Model:

Type:

Size:

Hazard #: 1 of 1

Address:

Company:

Contact:

Hazard:

Location:

	Reduced Pressure Principle Assembly			RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID
Details				Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	AIR INLET Opened at _____ PSID CHECK VALVE Held at _____ PSID

Comments

Line Pressure _____

Meter Reading _____

Held Backpressure _____

#2 Shutoff _____

Relief Valve Exercised _____

The above report is certified to be true.

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test						<input type="checkbox"/>	<input type="checkbox"/>
Repairs						<input type="checkbox"/>	<input type="checkbox"/>
Final Test						<input type="checkbox"/>	<input type="checkbox"/>

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Water Use Survey

Site

Mailing
Address

The water department is conducting a survey of all water customers to protect the water supply for all citizens. This information will be used to prevent possible contamination. Contamination can occur due to cross-connections between the water supply and potentially hazardous sources. If a cross-connection is found to exist, appropriate corrective action will need to be taken. Please return this completed survey to our office. If you have questions or would like assistance in completing this survey, please call. Thank you for your cooperation.

1. Which best describes your facility: ☐ Commercial ☐ Governmental ☐ Other _____
☐ Medical ☐ Multi-family ☐ Industrial ☐ Residential ☐ Agricultural

2. Number of units: _____

3. If Commercial / Industrial / Medical, what is your specific type of business? (e.g. restaurant, veterinary, hospital, retail, office, etc.) _____

4. Do you use chemicals? ☐ No ☐ Yes

Chemical list: _____

5. Do you have an irrigation system? ☐ No ☐ Yes

6. Do you use water from another source? ☐ No ☐ Yes If yes, specify source: _____
(well, pond, lake, canal, ocean, bay, tank, cistern, etc.)

If yes, specify use: _____
(irrigation, process, fire protection, car wash, etc.)

7. Do you have any water using equipment? ☐ No ☐ Yes

Equipment list: _____

8. What is the height of your building (stories): _____

9. Do you have a fire protection system? ☐ No ☐ Yes

10. Do you have a backflow preventer? ☐ No ☐ Yes If you have more than one backflow preventer list them on a separate sheet.

If yes, complete the following:

Installed date: _____ Last test date: _____

Serial #: _____ Do you have a test report? ☐ No ☐ Yes (If yes, enclose a copy.)

Manufacturer, model, size: _____

Specific location: _____

To the best of my knowledge the information provided in this survey is accurate:

Signature

Print name

Date

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

e-mail: _____

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Survey Form 2

Site

Mailing
Address

Survey

Survey Date	_____	After corrections	_____
After	_____	After	_____
After Corrections	_____	After Corrections	_____
Violations	_____	After	_____
Cust rep	_____	Cust rep2	_____
Problem	_____	re-name 5	_____
Problem 2	_____	re-name 6	_____
Problem 3	_____	re-name 7	_____
Problem 4	_____	re-name 8	_____
Comment	_____		
Comment2	_____		

Details

Heating Cooling

- Heating supplied by hot water ☐
- Heating supplied by steam ☐
- Boiler feed line ☐
- Boiler recirculation pump ☐
- Humidifier ☐
- Air conditioning chill water ☐
- Water cooling coils ☐

Outside

- Lawn sprinkler system ☐
- No BF on sprinkler system ☐
- Unprotected hose bibbs ☐
- Pressure washer ☐
- Swimming pool ☐
- Hot tub ☐
- Fountain ☐

Basement or

- Water heater ☐
- Floor sink ☐
- Laundry tub ☐
- Clothes washing machine ☐
- Water softener ☐

Kitchen

- Sink below rim fill faucet ☐
- Dishwasher ☐
- Chlorinator ☐
- Unprotected hose ☐
- Garbage disposal ☐

Bathrooms

- Bathtubs below rim fill faucet ☐
- Sink below rim fill faucet ☐
- Missing toilet expansion valve ☐

Other

- Bar Sink below rim fill faucet ☐
- Shampoo bowl sink ☐
- Hazardous chemicals ☐

Signature

Print name

Date